

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		10-9-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S-A	1082	10-19-01
RESPONSE FORMALITY REVIEW	MD	JRM	11/07/01
			03/19/02

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	3/12/01
2	3/12/01
3	3/12/01
4	3/12/01
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50	3/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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223  
 2/10/08  
 50-580  
 A-27  
 05-19-02